Medicare Risk Adjustment, Documentation and Coding Guidance: Acute, Chronic & Status Conditions
July 24, 2019
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Lead Medical Records Auditor & Training Consultant
Disclaimer

This training is based on coding guidance from the Official ICD-10-CM Coding Guidelines, American Hospital Association’s (AHA) Coding Clinic, and/or Centers for Medicare and Medicaid Services (CMS) guidance and guidelines. Documentation recommendations are based on the official requirements for correct code assignment per the aforementioned guidelines.

The ICD-10-CM code set is updated annually. Coding requirements and standards are subject to change, potentially impacting the accuracy of the content contained within this presentation. The practitioner supplying the medical documentation and the individual assigning codes are reminded to verify the accuracy, specificity, currency, and acceptability of such codes, coding methods, and supporting documentation by referencing official sources with up-to-date information.

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Training Credit

Continuing Medical Education (CME)

This Live series activity, Medicare Risk Adjustment, Documentation and Coding Guidance, from 1/23/19 – 11/27/19, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved for 1 AAFP Prescribed credit.
Agenda:

• Medicare Risk Adjustment Overview
• The Role of Acute, Chronic and Status Conditions in Risk Adjustment
• Acute, Chronic and Status Conditions in ICD-10-CM
• Coding and Documentation Guidance and Examples
Medicare Risk Adjustment: Acute, Chronic and Status Conditions

• Medicare Risk Adjustment Basics
• Hierarchical Conditions Categories
• Role of Acute, Chronic and Status Conditions in Risk Adjustment
Medicare Risk Adjustment: Basic Overview

- Risk Adjustment models are actuarial tools used to predict health care costs.
- CMS model(s) use risk adjustment to help predict the cost of medical care for Medicare Advantage members.
- Medicare Advantage members each have a risk score which is determined by CMS based on their demographic information and their health status.
- Health status information comes from the provider, and is based on medical conditions that are documented during a patient encounter.
- Conditions must be explicitly stated by the provider, who is responsible for establishing the diagnosis.

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Medicare Risk Adjustment: Basic Overview

Demographic Characteristics
(Factors associated with age, sex, disabled status, original entitlement reason and Medicaid eligibility)

Health Status
(Factors associated with conditions included in the CMS HCC model)

Member Risk Score

Higher risk scores represent members with a greater than average burden of illness

Lower risk scores represent a healthier population

Risk Scores do not follow a MA member from year to year
Conditions must be reported annually in order to be included

It is important to ensure risk adjustment data is accurate and complete

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Hierarchical Condition Categories (HCCs) are a grouping of clinically related diagnoses with similar medical costs.

CMS-HCC Model has disease hierarchies.

Payment is only associated with the more serious condition when a less serious condition from the same hierarchy also exists.

71,932 ICD-10-CM Codes

9,700 Codes CMS-HCC V24

86 HCC Codes

Diabetes with Acute Complications (HCC 17)

Diabetes without Complications (HCC 19)

Diabetes with Chronic Complications (HCC 18)
The Disease Hierarchy

CMS-HCC Model has disease hierarchies\(^{10}\)

Table 7. Disease Hierarchies for the 2019 Payment HCC Count Model

<table>
<thead>
<tr>
<th>Hierarchical Condition Category (HCC)</th>
<th>If the Disease Group is Listed in this column…</th>
<th>…Then drop the Disease Group(s) listed in this column</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hierarchical Condition Category (HCC) LABEL</td>
<td>9, 10, 11, 12</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Metastatic Cancer and Acute Leukemia</td>
<td>9, 10, 11, 12</td>
</tr>
<tr>
<td>9</td>
<td>Lung and Other Severe Cancers</td>
<td>10, 11, 12</td>
</tr>
<tr>
<td>10</td>
<td>Lymphoma and Other Cancers</td>
<td>11, 12</td>
</tr>
<tr>
<td>11</td>
<td>Colorectal, Bladder, and Other Cancers</td>
<td>12</td>
</tr>
<tr>
<td>17</td>
<td>Diabetes with Acute Complications</td>
<td>18, 19</td>
</tr>
<tr>
<td>18</td>
<td>Diabetes with Chronic Complications</td>
<td>19</td>
</tr>
<tr>
<td>27</td>
<td>End-Stage Liver Disease</td>
<td>28, 29, 30, 80</td>
</tr>
<tr>
<td>28</td>
<td>Cirrhosis of Liver</td>
<td>29</td>
</tr>
<tr>
<td>46</td>
<td>Severe Hematological Disorders</td>
<td>48</td>
</tr>
<tr>
<td>54</td>
<td>Drug/Alcohol Psychosis</td>
<td>55, 56</td>
</tr>
<tr>
<td>55</td>
<td>Drug/Alcohol Dependence, or Abuse/Use with Complications</td>
<td>56</td>
</tr>
<tr>
<td>57</td>
<td>Schizophrenia</td>
<td>58, 59, 60</td>
</tr>
<tr>
<td>58</td>
<td>Reactive and Unspecified Psychosis</td>
<td>59, 60</td>
</tr>
<tr>
<td>59</td>
<td>Major Depressive, Bipolar, and Paranoid Disorders</td>
<td>60</td>
</tr>
<tr>
<td>70</td>
<td>Quadriplegia</td>
<td>71, 72, 103, 104, 169</td>
</tr>
</tbody>
</table>

When a condition is reported with a higher HCC value…

Any reported condition within the same disease hierarchy with a lower value will be dropped
## Overview

Medical conditions that are acute or chronic in nature or that are reported as status can impact MA risk scores.

### Acute
- Severe and sudden in onset
- Rapidly progressive
- Require emergent/urgent care

### Chronic
- Long-developing syndrome
- Include lifelong conditions
- Typically do not require urgent intervention
- Can lead to an acute condition

### Status
- Informative codes
- May indicate a current condition or that a patient has a history, sequelae or residual of a past disease or condition
- Information provided may affect course of treatment

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Overview

Acute: Often reported incorrectly, after the condition has received initial treatment or resolves.

Chronic: May not be reported or documented as current with treatment.

Status: Informational diagnoses, these are often omitted or “forgotten.”

Incorrect reporting of acute conditions as well as under-reporting of chronic and status conditions have an adverse impact on the integrity of MA member risk score.
Medicare Risk Adjustment: 
Acute, Chronic and Status Conditions

Acute Conditions
• Cerebral Infarction
• Myocardial Infarction

Chronic Conditions
• Diabetes Mellitus
• Respiratory Disease
• Schizoaffective Disorder
• Chronic Kidney Disease (CKD)
• Rheumatoid Arthritis
• Congestive Heart Failure (CHF)
• Hepatitis
• Human Immunodeficiency Virus (HIV)

Status Conditions
• Amputations
• Organ Transplant
• Artificial Openings
Acute Conditions

Cerebral Infarction (HCC 100)

ICD-10-CM Code Category I63* (CVA or Stroke). Additional characters indicate cause and anatomical site detail, including laterality.

Potentially life threatening and requires emergency medical intervention.

Testing is required to confirm diagnosis (CT, MRI, Angiography, etc.).

When suspected but not confirmed, should be documented as such (probable, suspected).

Once initial treatment is completed, code category I69* may be used for any residual conditions caused by the infarction.

Not an all inclusive listing; reference the official ICD-10-CM and cms.gov for complete code sets and descriptions.

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Acute Conditions

Cerebral Infarction

I69.3*

- Sequela of Cerebral Infarction
- Use when the patient has continued deficits as a result of stroke
- Record should detail specific residual (i.e. hemiplegia, right dominant side)

Z86.73

- Personal history of transient ischemic attack (TIA) and cerebral infarction without residual deficits
- Medical record should accurately reflect that the patient has a history of stroke

Incorrect reporting of cerebral infarction is a common error. Correct documentation should indicate when a stroke is suspected based on signs and symptoms, but has not yet been confirmed with appropriate testing or when the stroke is historical in nature as well as detailing any residual deficits.

Not an all inclusive listing; reference the official ICD-10-CM and cms.gov for complete code sets and descriptions.
Acute Conditions

Myocardial Infarction (HCC 86)

STEMI or NSTEMI (Heart Attack)

ICD-10-CM code categories:

I21* - Acute myocardial infarctions
I22* - Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarctions

*Additional characters required to indicate anatomical site

Diagnostic testing such as ECG, blood tests and angiogram are required to confirm diagnosis.

Per ICD-10-CM guidelines, these codes are to be used for encounters occurring while the myocardial infarction is equal to, or less than, four weeks (28 days) old.

After four weeks, code I25.2 – Old myocardial infarction (no HCC) should be utilized.

Documentation should include the date of occurrence in order to ensure correct diagnosis code is reported.

Not an all inclusive listing; reference the official ICD-10-CM and cms.gov for complete code sets and descriptions.
Chronic Conditions

Diabetes Mellitus (E08-E13)

With complications (HCC 18)
- Kidney
- Ophthalmic
- Neurological
- Circulatory
- Other specified complications

Without complications (HCC 19)

*May also have acute complications (HCC 17)

Over 25% of Americans age 65 or older have diabetes

Medical record documentation should include details regarding:
- Complications
- Current medications
- Laboratory tests/results

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Chronic Conditions

Chronic Hepatitis (HCC 29)

- **B18.0** – Chronic viral hepatitis B with delta-agent
- **B18.1** – Chronic viral hepatitis B without delta-agent
- **B18.2** – Chronic viral hepatitis C
- **B18.8** – Other chronic viral hepatitis
- **B18.9** – Chronic viral hepatitis, unspecified
- **K73.0** – Chronic persistent hepatitis, not elsewhere classified
- **K73.1** – Chronic lobular hepatitis, not elsewhere classified
- **K73.2** – Chronic active hepatitis, not elsewhere classified
- **K73.8** – Other chronic hepatitis, not elsewhere classified
- **K73.9** – Chronic hepatitis, unspecified
- **K75.4** – Autoimmune hepatitis

Only chronic hepatitis is included in HCC 29 of the CMS-HCC V24 model. Documentation must clearly state acuity and type of hepatitis for correct diagnosis coding.

HIV (HCC 1)

- **B20** – Human immunodeficiency virus (HIV) disease

For patients who are asymptomatic, the status code should be utilized:

- **Z21** – Asymptomatic human immunodeficiency virus [HIV] infection status

**B20 and Z21** are not to be used to indicate patients who have been exposed to HIV (Z20.6) or for those patients who have had inconclusive serologic evidence of HIV (R75).
Chronic Respiratory Disease (HCC 111)
Third most commonly reported HCC among Anthem MA members

ICD-10-CM Code Categories
- J41* – Simple and mucopurulent bronchitis
- J42 – Unspecified chronic bronchitis
- J43* – Emphysema
- J44* – Other chronic obstructive pulmonary disease

*Additional characters are required

Chronic Kidney Disease (HCC 136/137/138)
N18.3 – Chronic Kidney Disease, stage 3 (HCC 138)
N18.4 – Chronic kidney disease, stage 4 (HCC 137)
N18.5 – Chronic kidney disease, stage 5 (HCC 136)
N18.6 – End stage renal disease (HCC 136)
(Use additional code to identify dialysis status Z99.2)

Documentation should provide details regarding acute exacerbations, infections, current medications and treatments

Not an all inclusive listing; reference the official ICD-10-CM and cms.gov for complete code sets and descriptions.
Chronic Conditions

Congestive Heart Failure (HCC 85)

I50.1  Left ventricular failure
I50.2* Systolic (congestive) heart failure
I50.3* Diastolic (congestive) heart failure
I50.4* Combined systolic (congestive) and diastolic (congestive) heart failure
I50.9  Heart failure, unspecified

* Additional characters are required which indicate acute, chronic or acute on chronic
Chronic Conditions

Schizophrenia and Schizoaffective Disorders (HCC 57)

F20.0 Paranoid schizophrenia
F20.1 Disorganized schizophrenia
F20.2 Catatonic schizophrenia
F20.3 Undifferentiated schizophrenia
F20.5 Residual schizophrenia
F20.81 Schizophreniform disorder
F20.89 Other schizophrenia
F20.9 Schizophrenia, unspecified
F25.0 Schizoaffective disorder, bipolar type
F25.1 Schizoaffective disorder, depressive type
F25.8 Other schizoaffective disorders
F25.9 Schizoaffective disorder, unspecified
Chronic Conditions

Rheumatoid Arthritis (HCC 40)

M05* - Rheumatoid arthritis with rheumatoid factor
M06* - Other rheumatoid arthritis
M08* - Juvenile arthritis
M12.0* - Chronic post rheumatic arthropathy [Jaccoud]

*Additional characters required

Over 450 ICD-10-CM codes included in the 2020 V24 model

Codes include details for specific anatomical site (e.g. shoulder, hand, knee) and laterality
Documentation should clearly state rheumatoid type and current treatment

Not an all inclusive listing; reference the official ICD-10-CM and cms.gov for complete code sets and descriptions.
Status Conditions

Amputations of Lower Extremity (HCC 189)

Z89.411 Acquired absence of right great toe
Z89.412 Acquired absence of left great toe
Z89.419 Acquired absence of unspecified great toe
Z89.421 Acquired absence of other right toe(s)
Z89.422 Acquired absence of other left toe(s)
Z89.429 Acquired absence of other toe(s), unspecified side
Z89.431 Acquired absence of right foot
Z89.432 Acquired absence of left foot
Z89.439 Acquired absence of unspecified foot
Z89.441 Acquired absence of right ankle
Z89.442 Acquired absence of left ankle
Z89.449 Acquired absence of unspecified ankle
Z89.511 Acquired absence of right leg below knee
Z89.512 Acquired absence of left leg below knee
Z89.519 Acquired absence of unspecified leg below knee
Z89.611 Acquired absence of right leg above knee
Z89.612 Acquired absence of left leg above knee
Z89.619 Acquired absence of unspecified leg above knee

Not an all inclusive listing; reference the official ICD-10-CM and cms.gov for complete code sets and descriptions.
Status Conditions

Organ Transplants (HCC 186)

Z94.1 Heart transplant status
Z94.2 Lung transplant status
Z94.3 Heart and lungs transplant status
Z94.4 Liver transplant status
Z94.81 Bone marrow transplant status
Z94.82 Intestine transplant status
Z94.83 Pancreas transplant status
Z94.84 Stem cells transplant status
Z95.811 Presence of heart assist device
Z95.812 Presence of fully implantable artificial heart

Not an all inclusive listing; reference the official ICD-10-CM and cms.gov for complete code sets and descriptions.
## Status Conditions

### Artificial Openings (HCC 188)

<table>
<thead>
<tr>
<th>Type</th>
<th>Encounter for attention to</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>gastrosomy</td>
<td>Z43.1</td>
<td>Z93.1</td>
</tr>
<tr>
<td>ileostomy</td>
<td>Z43.2</td>
<td>Z93.2</td>
</tr>
<tr>
<td>colostomy</td>
<td>Z43.3</td>
<td>Z93.3</td>
</tr>
<tr>
<td>other artificial openings of digestive tract</td>
<td>Z43.4</td>
<td>Z93.4</td>
</tr>
<tr>
<td>cystostomy</td>
<td>Z43.5</td>
<td>Z93.5*</td>
</tr>
<tr>
<td>other artificial openings of urinary tract</td>
<td>Z43.6</td>
<td>Z93.6</td>
</tr>
<tr>
<td>other artificial openings</td>
<td>Z43.8</td>
<td>Z93.8</td>
</tr>
<tr>
<td>unspecified artificial opening</td>
<td>Z43.9</td>
<td>Z93.9</td>
</tr>
<tr>
<td>Tracheostomy (HCC 82)</td>
<td>Z43.0</td>
<td>Z93.0</td>
</tr>
</tbody>
</table>

Not an all inclusive listing; reference the official ICD-10-CM and cms.gov for complete code sets and descriptions.
Medicare Risk Adjustment: Acute, Chronic and Status Conditions

- Documentation best practices
- Case studies and coding examples
Medicare Risk Adjustment Best Practices: Documentation Recommendations

- Patient name and date of service
- Unique identifier such as DOB
- All the patient’s medical conditions, including status conditions
- Specific details regarding acuity and laterality
- Treatment for each condition, including medications
- Provider signature and credentials, with date
- Clear, concise, consistent, complete and legible

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Detailed, Concise & Accurate

<table>
<thead>
<tr>
<th>Provider’s Diagnostic Statement</th>
<th>ICD-10-CM</th>
<th>HCC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient has arthritis</td>
<td>M19.90</td>
<td>None</td>
</tr>
<tr>
<td>Patient has rheumatoid arthritis</td>
<td>M06.9</td>
<td>40</td>
</tr>
<tr>
<td>Patient has rheumatoid arthritis without</td>
<td>M06.041</td>
<td>40</td>
</tr>
<tr>
<td>rheumatoid factor in right and left hands</td>
<td>M06.042</td>
<td></td>
</tr>
</tbody>
</table>

Concise, detailed documentation and accurate diagnosis coding are essential elements to ensure accurate risk adjustment.
Fictional Case Study Example 1

DOS: 06/28/19
Name: Jane Doe DOB: 07/22/1947

Chief Complaint & HPI
71 year old female, complains of upper extremity tingling, here for follow up and review medication

Past Medical History
Hemiplegia due to stroke, hypertension, hypercholesterolemia, diabetes

ROS
General – weak, no distress
MS – upper extremity weakness and tingling
Endo – diabetes
All other systems negative

Vitals
Ht. 62 in, Wt. 117 lbs.
BP 140/82
Temp 97.8 Pulse 80

Exam

**General Appearance:** Pleasant, well-groomed female; **ENNT:** normal; **Lungs:** clear, no rales or rhonchi; **CV:** Normal; **Abdomen:** soft, non-tender

**Assessment/Plan**
1. Neuropathy – updated meds
2. Diabetes - controlled
3. Hypercholesterolemia – stable on meds
4. Hypertension – stable on meds
Meds refilled and follow up in three months or as needed

Electronically signed by: I.B. Adoc, MD on 7/01/19

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First coding scenario:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD-10-CM</th>
<th>HCC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic neuropathy</td>
<td>E11.40</td>
<td>18</td>
</tr>
<tr>
<td>Hypercholesterolemia</td>
<td>E78.00</td>
<td>none</td>
</tr>
<tr>
<td>Hypertension</td>
<td>I10</td>
<td>none</td>
</tr>
</tbody>
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Fictional Case Study Example 1

DOS: 6/28/19
Name: Jane Doe DOB: 07/22/1947

Chief Complaint & HPI
71 year old female, complains of upper extremity tingling, here for follow up and review medication

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Hemiplegia due to stroke, hypertension, hypercholesterolemia, diabetes

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General – weak, no distress
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Endo – diabetes
All other systems negative

Vitals
Ht. 62 in, Wt. 117 lbs.
BP 140/82
Temp 97.8 Pulse 80

Exam

General Appearance: Pleasant, well-groomed female; ENNT: normal; Lungs: clear, no rales or rhonchi; CV: Normal; Abdomen: soft, non-tender

Assessment/Plan
1. Diabetic neuropathy – updated meds
2. Hypercholesterolemia – stable on meds
3. Hypertension – stable on meds
4. Hemiplegia s/p cva affecting nondominant left side - no change

Meds refilled and follow up in three months or as needed

Electronically signed by: I.B. Adoc, MD on 7/01/19

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### Fictional Case Study Example 1

**First coding scenario:**

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<td>18</td>
</tr>
<tr>
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<td>E78.00</td>
<td>none</td>
</tr>
<tr>
<td>Hypertension</td>
<td>I10</td>
<td>none</td>
</tr>
</tbody>
</table>

**Second coding scenario:**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD-10-CM</th>
<th>HCC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic neuropathy</td>
<td>E11.40</td>
<td>18</td>
</tr>
<tr>
<td>Hypercholesterolemia</td>
<td>E78.00</td>
<td>none</td>
</tr>
<tr>
<td>Hypertension</td>
<td>I10</td>
<td>none</td>
</tr>
<tr>
<td>Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side</td>
<td>I69.354</td>
<td>103</td>
</tr>
</tbody>
</table>
Fictional Case Study Example 2

DOS: 07/01/19
Name: Patient Name DOB: 05/01/1945

Chief Complaint & HPI
74 year old female, complains of tremors and walking difficulty, here for follow up and medication refill

Problem list
Parkinson’s, depression, STEMI, history of falls, depression, HTN

ROS
General – mild fatigue, no distress
Mental – depression
Neuro – gait unsteadiness and leg weakness
All other systems negative

Vitals
Ht. 61 in, Wt. 123 lbs.
BP 124/82
Temp 97.6 Pulse 78

Exam

General Appearance: Well groomed, pleasant, female
ENMT: Normal
CV: RRR; Lungs: clear, good breath sounds bilaterally
Abdomen: soft, non tender

Assessment/Plan
1. Unsteady gait, hx of falls – refer to physical therapy
2. Depression – continue bupropion
3. STEMI – follow up with cardiology
4. All other conditions stable, refill meds and follow up in three months

Electronically signed by: Brosep A. Guy, MD, on 07/02/19

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First coding scenario:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD-10-CM</th>
<th>HCC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gait Unsteadiness</td>
<td>R26.81</td>
<td>none</td>
</tr>
<tr>
<td>Depression</td>
<td>F32.9</td>
<td>none</td>
</tr>
<tr>
<td>History of Falls</td>
<td>Z91.81</td>
<td>none</td>
</tr>
</tbody>
</table>

Conditions, including chronic, that are noted under PMH or problem list still require additional supporting documentation in order to be reported for risk adjustment purposes.

Although STEMI is under the assessment, the date of onset has not been documented, and therefore should not be coded without clarification from the provider.
Fictional Case Study Example 2

**DOS:** 07/01/19  
**Name:** Patient Name  
**DOB:** 05/01/1945

**Chief Complaint & HPI**  
74 year old female, complains of tremors and walking difficulty, here for follow up and medication refill

**Problem list**  
Parkinson’s, depression, STEMI (2015), history of falls, depression, HTN

**ROS**  
General – mild fatigue, no distress  
Mental – depression  
Neuro – gait unsteadiness and leg weakness  
All other systems negative

**Vitals**  
Ht. 61 in, Wt. 123 lbs.  
BP 124/82  
Temp 97.6 Pulse 78

**Exam**  
**General Appearance:** Well groomed, pleasant, female  
**ENMT:** Normal  
**CV:** RRR;  
**Lungs:** clear, good breath sounds bilaterally  
**Abdomen:** soft, non tender

**Assessment/Plan**

1. Unsteady gait, hx of falls - refer to physical therapy
2. Parkinson’s disease – continue carbidopa/levodopa, followed by neurology
3. Recurrent major depressive disorder, mild severity - continue bupropion
4. Old STEMI – continued aspirin, followed by cardiology
5. Hypertension – stable, continue medications

Electronically signed by: Broseph A. Guy, MD on 07/02/19

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## Fictional Case Study Example 2

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<table>
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<tr>
<th>Diagnosis</th>
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<th>HCC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gait Unsteadiness</td>
<td>R26.81</td>
<td>none</td>
</tr>
<tr>
<td>Depression</td>
<td>F32.9</td>
<td>none</td>
</tr>
<tr>
<td>History of Falls</td>
<td>Z91.81</td>
<td>none</td>
</tr>
</tbody>
</table>

### Second coding scenario:

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD-10-CM</th>
<th>HCC Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gait unsteadiness</td>
<td>R26.81</td>
<td>none</td>
</tr>
<tr>
<td>Fall History</td>
<td>Z91.81</td>
<td>none</td>
</tr>
<tr>
<td>Parkinson’s Disease</td>
<td>G20</td>
<td>78</td>
</tr>
<tr>
<td>Depressive Disorder, single episode, mild</td>
<td>F32.0</td>
<td>58</td>
</tr>
<tr>
<td>Old MI</td>
<td>I25.2</td>
<td>none</td>
</tr>
<tr>
<td>Hypertension</td>
<td>I10</td>
<td>none</td>
</tr>
</tbody>
</table>
Acute, Chronic and Status Conditions

- ICD-10-CM Diagnosis Codes require greater detail in the documentation
- Acute conditions are often reported incorrectly
- Chronic conditions require documentation of current treatment
- Status conditions must be reported annually to be included in risk score
- Improved patient outreach and case management lead to enhanced quality of care
- Correct and accurate Risk Adjustment

Acute, chronic and status conditions can impact Medicare Advantage member risk scores
Questions?
Did You Know?

- The Medicare Risk Adjustment Regulatory Compliance (MRARC) team has multiple resources and tools available, including:
  - **The Coding Focus** - A useful and concise one page publication focusing on specific condition(s) with details regarding the clinical definition, diagnostic criteria, and relevant ICD-10 coding guidance with impact to HCC code(s) assignment.

  Recent and upcoming topics include:
  - Unstable Angina
  - End Stage Liver Disease
  - Senile Purpura

The Coding Focus, along with other coding training material, is available on Anthem’s Provider Webpage(s).
References